

aim—especially since it undermines the doctors' case for higher fees to those blessed with an income. But unless the four hundred will help us budget our health costs, they will forfeit the public hope and confidence which their action has aroused.

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On the train, returning from the Chicago meeting of State Medical Association Secretaries and Editors, in scanning the pages of the December issue of *The American Mercury*, we chanced upon the item. "The Nation" and "New Republic": Our "Liberal" Weeklies." For members who, like ourselves, see a copy of *The Nation* only from time to time, the following excerpts concerning that magazine, whose comment concerning the "Civil War in the A. M. A." appears above, may be of passing interest. Some brief quotations follow:

#### OUR "LIBERAL" WEEKLIES

By Harold Lord Varney

There is clucking and feather-pulling these days in the dovecoats of American Liberalism. Trotskyism belabors Stalinism in the quivering columns of the weeklies which are purportedly non-Communist. Heywood Broun, infuriated at a *Nation* which gives only 95 per cent allegiance to the C. I. O., deserts to a *New Republic* whose batting average is one hundred. Oswald Garrison Villard, increasingly at variance with his brethren since his mutiny on the Roosevelt court-packing plan, is dropped from the *Nation's* editorial board to the obscurity of a column on the magazine which his fortune created. Sulphurous recriminations choke the atmosphere. The Liberal "United Front" is disintegrating before our eyes.

But the wonder is that the Liberal crack-up did not come long ago. . . .

Nowhere has this stultification been more painfully apparent in recent years than in the two recognized Liberal weeklies—the *New Republic* and the *Nation*. Vying with each other for the support of the Left intelligentsia, they have often seemed to be in competition for the dubious honor of the first arrival in Moscow. It is possible to trace the retreating steps of American Liberalism through the years of the post-war period in the reddening policies of these two publications. Their role has been central in all the backings and fillings of the Left intelligentsia. Their columns have mirrored the metamorphosis which has transformed the erstwhile disciples of Wilson and Jefferson into incense-bearers at the shrine of Marx. A brief glance at their careers will throw a revealing light upon the causes of their present futility. . . .

But with the coming of the Depression, Villard found himself facing the same dilemma that was to drive Bliven and Soule into the outright revolutionary position. His once Liberal public was veering sharply to the Left. Technocracy, social planning, and all the crackpot variations of collectivism were haunting the Liberal mind. Like its rival, the *Nation* soon tacked to the new breeze. There were frequent upsets in the editorial family. . . .

Thus, by separate voyages, the *New Republic* and the *Nation* have now arrived at a common revolutionary harbor. Divergences of editorial policy there have been, of course, over the years. But it is significant that such differences have been rather of manner and strategy than of social direction. Today, for all practical purposes, both publications are well within the Marxian penumbra. Although the editors angrily deny the imputation, they are pursuing policies which parallel, with almost uncanny fidelity, the official Stalin Party-Line.

Let us glance at a few of their present enthusiasms and apprehensions in the light of their professed Liberalism. We will find that the two magazines have stood as one in the face of every American controversial issue of the last twelve-month, with the single exception of the issue of neutrality. It is ironic to note that in each situation their reaction has been anti-Liberal. . . .

Furthermore, it is probably accurate to say that, today, the *New Republic* and the *Nation* are the most effective amateur propaganda adjuncts to the American Communist movement. For the once-Liberal weeklies are, in a sense, the bridge between Communism and the unconvinced intelligentsia. Their 75,000 subscribers, by a process of natural selection, are vocational molders of national opinion. They are teachers, writers, clergymen, professional men and women, social workers—the picked middlemen of American intellectual life. . . .

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The above may also be of interest, in connection with editorial, press dispatch, and other comment in this issue of CALIFORNIA AND WESTERN MEDICINE.

## UNITED STATES EXPERIMENT IN STATE MEDICINE BRINGS PROTESTS

A major experiment in socialized medicine, backed by federal influence and public funds, was launched in Washington, D. C., on November 8.

The local medical profession plans to contest its legality and if possible halt the experiment before it becomes a model for the country. Supporters are equally determined, however, and have found a receptive atmosphere for their plans among the many thousands of moderately paid government clerks who make up a significant share of this city's population.

The experiment is in the form of a coöperative clinic for employees of the Federal Home Owners' Loan Corporation and affiliated agencies. The Home Loan Bank Board has itself pledged a direct contribution of \$40,000—half to be paid this year and half next year—on the theory that the expenditure is an "investment" in the improved health and, therefore, the efficiency of its staff. The Board's contribution is an outright gift, not a loan.

#### TWO THOUSAND PERSONS ELIGIBLE

Approximately two thousand persons are expected to be eligible to participate in the coöperative clinic. The group of agencies involved includes, in addition to the Home Loan Board and Corporation, the Federal Home Loan Bank System, the Home Loan Insurance Corporation, and the federal savings and loan section of the Board.

All employees of these agencies may obtain the free use of the services of the clinic at a cost of \$2.20 a month per individual employee or \$3.30 a month for employee and family. The system is on a voluntary basis, but a sufficient proportion of the personnel of the agencies has signed up in advance to make the experiment financially possible, it is indicated.

The clinic is headed by Dr. Henry Rolf Brown, the retiring chief of the tuberculosis division of the Veterans' Administration, who sees in a coöperative clinic for a group of government employees a system not fundamentally different from medical services provided in the Army and Navy or for veterans.

#### MEDICAL ASSOCIATION OPPOSED

The District of Columbia Medical Association, however, takes a sharply divergent view of the experiment. Behind closed doors the local doctors considered what to them is a very grave threat to the independence of the medical profession, and weighed plans for a legal fight to stamp out the HOLC coöperative clinic. No decision on the best course of action has yet been announced, but the implication is that the association will first attempt to persuade local public officials that the scheme is illegal. If this fails, it is suggested that court action be taken.

The doctors believe they have a precedent in the recent success of the local legal profession in stopping the practice of banks performing legal services for their clients. The corporation counsel ruled that no corporation can practice law. All banks are understood to have since abandoned the practice, or arranged to do so at an early date. The doctors believe that if it is illegal for a corporation to practice law, it should prove equally illegal for a corporation to practice medicine. There is a question, however, as to the analogy between a banking corporation directly providing legal service and a coöperative organization which is aided by the contribution of a corporation, but not directly related to it.

#### EXPERIMENT STUDIED

The outcome of the HOLC clinic experiment is being watched closely from all sides. It is considered extremely likely that if this experiment establishes both its legal validity and its ability to operate profitably it will be emulated by other agencies of the Federal Government. The semi-independent agencies such as the HOLC would presumably come first. This type of agency is able to dispose of its funds for the encouragement of such a clinic on its own initiative since it is legally a private corporation. It is backed by Congress, and Treasury funds, but handles its own business independently.

Regular government departments could not contribute funds to such an organization among their employees with-

out special act of Congress. However, there is nothing to prevent employees of one of the big regular departments from organizing a cooperative clinic on their own responsibility if they can manage to finance it without help. The concern of the medical profession is that if the system once gets established it will sweep through the entire government and soon obtain from Congress appropriations for aiding clinics for all government employees.—*Christian Science Monitor*, November 8, 1937.

## TUBERCULOSIS: A TWO-BILLION-DOLLAR LEAK\*

### The Christmas Seals

Tuberculosis is a costly disease, costly to the individual, costly to his family, costly to industry, costly to the community. All of us, taxpayers and rent payers, must pay for sickness, whether we are ill or well. For the tuberculosis patient there are such tangible expenditures as loss of wages and income, doctor and hospital bills, besides the cost that comes from the danger of spreading this disease to his friends and family.

At this very moment there are no less than 500,000 active cases of tuberculosis in the United States. This year, 1937, about 70,000 persons have died of tuberculosis, most of them young adults, for this is a young person's disease. If you will multiply 500,000 living cases by \$4,000, which is the carefully computed cost of a tuberculosis case to home, industry, and community, you will get the stupendous total of two billion dollars. That is what these 500,000 cases of tuberculosis will cost you and everyone who lives in the United States.

But most of that cost is unnecessary, since tuberculosis is a disease that can be prevented. In fact, it can be eradicated. That two billion dollars is like a leak in a great dam or dike, where the water that should be saved for productive uses, runs away needlessly.

Why not stop this leak? We know how to do it; we have been able to reduce the havoc of tuberculosis from 150,000 deaths some thirty years ago to about 70,000 at the present time. Three decades ago 175 persons out of every 100,000 then living died annually from tuberculosis, while today the corresponding rate is about fifty-five.

We have learned from experience how to control tuberculosis. We know that hospitals for treatment of the disease and for health protection are our main line of defense against the disease. We have proved that clinics, doctors, tuberculin testing and x-raying of high school and college children and young adults, together with competent public health nursing, are essential to find tuberculosis in its early curable form and to prevent its spread in home, school, and industry. We know that health education in the school and in the population at large will teach people how to avoid tuberculosis, and, above all, we know that organization of community resources and of focused public opinion on the problem of tuberculosis are mighty aids in getting rid of this white plague.

Why, then, should we allow a leak of two billion dollars to continue? It is simply because of indifference on the part of the public. Some people know how to prevent tuberculosis, but everybody should know how to prevent it. The tuberculosis associations of the United States, local, state, and national, have been the leaders in the fight against tuberculosis. Their biggest task is now before them. With the distinct gains that have been made in the last thirty years, many people think that tuberculosis is conquered, but this is far from being the case. Tuberculosis still is Public Enemy No. 1 among the young people of this nation. The job of conquering tuberculosis can be completed, but it needs the support of every man, woman, and child in the country.

The appeal of the Christmas Seal is one way in which everybody can help to fight tuberculosis. But it is only one way. Your money is greatly needed to provide the sinews of war to the fighters who are leading the attack on this disease. But more than your financial support is necessary, your moral support and your enthusiastic cooperation are also needed. Enlist today in this life-saving campaign.

\* By Philip P. Jacobs, Ph.D., Director of Publications and Extension, National Tuberculosis Association, 50 West Fiftieth Street, New York, N. Y.

## NONPROFIT GROUP HOSPITALIZATION PLAN ORGANIZED IN SOUTHERN CALIFORNIA\*

### Incorporation of the "Associated Hospital Service of Southern California"

A new nonprofit corporation, organized under the law enacted at the last legislature, namely, Assembly Bill 1132,<sup>†</sup> was organized Monday, November 15, in Los Angeles. This nonprofit corporation covers all Southern California from Santa Barbara to San Diego. The name of the new corporation will be the "Associated Hospital Service of Southern California," patterned after the similar corporation in New York City of the same name.

It contemplates enlistment of subscribers at approximately three cents per day, for which they will secure free hospitalization at any of its hospitals, each certified by the State Board of Public Health.

SUBSCRIBERS WILL BE ACCEPTED JANUARY 15, 1938

The new Board of Directors stated that they plan to accept subscribers on January 15, 1938. The following hospitals in Southern California, allied with the "Associated Hospital Service of Southern California," have now been inspected and approved by the State Board of Public Health:

*Alhambra*—Alhambra Hospital.

*Compton*—Las Campanas Hospital.

*Glendale*—Glendale Sanitarium and Hospital; Physicians and Surgeons' Hospital.

*Los Angeles*—The California Hospital; Cedars of Lebanon Hospital; Hollywood Hospital; Hospital of Good Samaritan; Methodist Hospital; Santa Fe Hospital; and White Memorial Hospital.

*Long Beach*—Long Beach Community Hospital; Seaside Hospital.

*La Jolla*—Scripps Memorial Hospital.

*Loma Linda*—Loma Linda Sanitarium and Hospital.

*Orange*—St. Joseph's Hospital.

*Oxnard*—St. John's Hospital.

*Pasadena*—Huntington Memorial Hospital; St. Luke's Hospital.

*Riverside*—Riverside Community Hospital.

*Santa Barbara*—Santa Barbara Cottage Hospital.

*Santa Monica*—Santa Monica Hospital.

*Torrance*—Torrance Memorial Hospital.

*San Pedro*—San Pedro General Hospital.

*Ventura*—Foster Memorial Hospital.

A number of other hospitals will participate in the plan, but have not had time to complete arrangements for inspection and approval by the State Board of Public Health.

### INCORPORATING BOARD OF DIRECTORS ELECTED

The following were elected to the Board of Directors at the meeting on November 15: Right Reverend Monsignor T. J. O'Dwyer, Edward M. Pallette, M.D., Miss A. G. Henninger, Mr. R. E. Heerman, Philip J. Edson, M.D., Roland Maxwell, Miss Anna K. Vogler, Glenn E. Myers, M.D., William H. Kiger, M.D., Mr. Leonard K. Brown, George H. Kress, M.D., and J. M. Burtlew, M.D.

### PROTECTED SERVICE TO THE PUBLIC

The objective of this nonprofit community service is to enable groups of people with moderate incomes to pool a small amount regularly so that they may collectively reimburse hospitals for services rendered to their individual members. The plan enables the subscriber to receive adequate hospital care when he needs it, without the usual burden of expense. If a person could know in advance when he would need hospital care, he could save to meet the expense, but illness and injury come unexpectedly. Paying an unforeseen hospital bill, individually, may be a real hardship.

<sup>†</sup> See CALIFORNIA AND WESTERN MEDICINE, April, 1937, on page 219.

\* Press release item.